PROPOSED AMENDMENT

22 CSR 10-3.070 Coordination of Benefits The Missouri Consolidated Health Care Plan is amending section (3).

PURPOSE: This amendment revises the order of benefit determination rules and renumbers as necessary.

(3) Order of Benefit Determination Rules.

(B) Rules. MCHCP determines its order of benefits [using the first of the following rules which applies] as follows:

[1. Active/inactive employee. The benefits of the plan which covers the person as an employee who is neither laid off nor retired (or as that employee’s dependent) are determined before those of the plan which covers that person as a laid off or retired employee (or as that employee’s dependent);

2. Nondependent/dependent. The benefits of the plan which covers the person as an employer or subscriber (that is, other than as a dependent) are determined before those of the plan which covers the person as a dependent;]

1. Non-Dependent/Dependent.
   A. The plan which covers the member as an employee or subscriber is primary;
   B. The plan which covers the member as dependent is secondary;

2. Active/layoff. The plan that covers the member or dependent through the member’s active employment is primary to a plan that covers the member or dependent through the member’s status as a laid off employee.

3. Retiree. The plan that covers the member or dependent through the member’s active employment is primary to a plan that covers the member or dependent through the member’s status as a retiree.

/3.4. Medicare.
   A. If a member is an active employee and has Medicare, MCHCP is the primary plan for the active employee and his/her dependents. Medicare is the secondary plan except for members with end stage renal disease (ESRD) as defined in subparagraph (3)(B)/3/4.C.
   B. If a member is a retiree and has Medicare, Medicare is the primary plan for the retiree and his/her Medicare-eligible dependents. MCHCP is the secondary plan.
   C. If a member or his/her dependents are eligible for Medicare solely because of ESRD, the member’s MCHCP plan is primary to Medicare during the first thirty (30) months of Medicare eligibility for home peritoneal dialysis or home hemodialysis and thirty-three (33) months for incenter dialysis. After the thirty (30) or thirty-three (33) months, Medicare becomes primary, and claims are submitted first to Medicare, then to MCHCP for secondary coverage. The member is responsible for notifying MCHCP of his/her Medicare status;

/4./5. Dependent child/parents not separated or divorced. When MCHCP and another plan cover the same child as a dependent of different [persons, called] parents—
   A. The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year; but
   B. If both parents have the same birthday, the benefits of the plan which covered one (1) parent longer are determined before those of the plans which covered the other parent for a shorter period of time;
[5./6.] Dependent child/separated or divorced, or never married. If two (2) or more plans cover a person as a dependent child of divorced, separated, or never married parents, benefits for the child are determined in this order—

A. First, the plan of the parent with custody of the child;
B. Then, the plan of the spouse of the parent with the custody of the child;
C. Then, the plan of the parent not having custody of the child; and
D. Finally, the plan of the spouse of the parent not having custody of the child. However, if the specific terms of a court decree state that one (1) of the parents is responsible for the health care expense of the child and the entity obligated to pay or provide the benefits of the plan of that parent or spouse of the other parent has actual knowledge of those terms, the benefits of that plan are determined first. The plan of the other parent shall be the secondary plan. This paragraph does not apply with respect to any claim determination period or plan year during which any benefits are actually paid or provided before the entity has that actual knowledge;

[6./7.] Joint custody. If the specific terms of a court decree state that the parents shall share joint custody, without stating that one (1) of the parents is responsible for the health care expenses of the child, the plans covering the child shall follow the order of benefit determination rules outlined in paragraph (3)(B)/4/5.;

[7./8.] Dependent child/parents both parents covered by MCHCP. If both parents are covered by MCHCP and both parents cover the child as a dependent, MCHCP will not coordinate benefits with itself;

[8./9.] The plan that covers the member as a spouse is primary over the plan that covers the member as a dependent child/When an adult dependent is covered by both spouse and parent, the benefits of the plan which covered a person longer are determined before those of the plan which covered that person for the shorter term; and

[9./10.] Longer/shorter length of coverage. If none of the previous rules determines the order of benefits, the benefits of the plan which covered a person longer are determined before those of the plan which covered that person for the shorter term.


PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.